

PART B - FEE(S) TRANSMITTAL

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Transmittal
Signature
Date

2292 7540 09/13/2010
BIRCH STEWART KOLASCH & BIRCH
PO BOX 747
FALLS CHURCH, VA 22040-0747

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/91.037	12/26/2006	Yamuhisa Sakurai	0925-51HUBJ	6003

TITLE OF INVENTION: METHOD FOR AUTOMATICALLY DETECTING DEGENERATED REGIONS IN STAINED THIN SECTION SLIDES

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE PAID
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/15/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
ABDI AMARA	3604	382-129000

1. Change or correspondence address or indication of "Free Address" (37 CFR 1.363).

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☐ "Free Address" indication for "Free Address" indication form PTO/SB/121, Rev. 03-02, or more recent attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Birch, Stewart, Kolasch
& Birch, LLP

2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

KURASHIKI BOSEKI KAEUSHIKI KAISHA
OSAKA BIOSCIENCE INSTITUTE

Kurashiki-shi, Japan
Suite-shi, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fees, are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies: 4

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- ☐ A check is enclosed
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☒ The Director is hereby authorized to charge the required fees; any deficiency, or credit any overpayment, to Deposit Account Number 02-2446, (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date

JUN 9 2010

Typed or printed name

Marc S. Weiner

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32,181

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